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SUBJECT:

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FROM:

Wendy Saxby for Dale C. Barr

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Serial No.: 10-720,614/BING-1-1032

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Serial No.: 10/611,397/BOEI-1-1176

Serial No.: 10/606,067/BOEI-1-1184

Serial No.: 10/611,702/BOEI-1-1182

Serial No.: 10/611,703/BOEI-1-1181

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TRANSMITTAL		Application Number	ection of Information unless It displays a valid OMB control number 10/611,703
		Filing Date	June 30, 2003
FORM		First Named Inventor	Turner, Robert W.
		Art Unit	2877
(to be used for all correspondence after initial filing)		Examiner Name	Not Assigned Yet
Total Number of Peges In This Submission		Attorney Dockel Number	BOEI-1-1181
ENCLOSURES (Check all that apply)			
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s)		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence At Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below):
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Signature Printed name Dale C. Barr			
Date No. 4 2004 Reg. No. 40,498			
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 10/611,703 Application Number CHANGE OF 30-Jun-2003 Filing Date CORRESPONDENCE ADDRESS Application Tumer, Robert W. First Named Inventor **Group Art Unit** Address to: Commissioner for Patents P,Q. BQX 1450 **Examiner Name** Alexandria, VA 22313-1450 **Attorney Docket Number** BOEI-1-1181 Please change the Correspondence Address for the above-identified application to: 25315 **CUSTOMER NUMBER** X Customer Number X Firm or Black Lowe & Graham PLLC Individust Name Address 701 Fifth Avenue, Suite 4800 City Seattle State ZIP WA 98104 Country **USA** Telephone (206) 381-3300 Fax (206) 381-3301 This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number, use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/inventor Assignee of record of the entire interest. Stalement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). X Attorney or Agent of record. oxedge Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration number Typed or Printed Name Signature Date NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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